

# WIC Income Questionnaire

Complete this form *before* your WIC appointment and bring it with you. If you do not qualify for Section I or Section II, go to the other side and complete Section III. If you need help completing this form or if you do not know what to bring to your appointment, call the WIC office at \_\_\_\_\_.

## For WIC Applicants with Medicaid, Food Stamps, or TANF Benefits

Complete this section if the person applying for WIC:

- receives Medicaid, Food Stamps or TANF, or
- lives in a household where anyone in the household receives TANF, or
- lives in a household where a pregnant woman or an infant receives Medicaid

Check either Yes or No to questions 1 and 2. If you answer "Yes" to either question, the only income information needed is the Medicaid, Food Stamp or TANF letter for the month of scheduled appointment noted below. Bring the letter to your appointment.

1. Does the person(s) applying for WIC benefits receive Medicaid, Food Stamps or TANF for \_\_\_\_\_?

☐ Yes ☐ No

Month of scheduled appointment

If "yes," list all persons names and program benefits they receive on the line below (for example:

Tommy-Medicaid). \_\_\_\_\_

2. Does anyone in your household receive TANF or is there a pregnant woman or an infant in the household who receives Medicaid for \_\_\_\_\_?

☐ Yes ☐ No

Month of scheduled appointment

If "yes," list persons' names and the program benefits they receive on the line below (for example:

Maria-TANF). \_\_\_\_\_

I certify that all information I have provided is correct.

Applicant's or Parent's/Guardian's Printed Name

Applicant's or Parent's/Guardian's Signature

Date

## For WIC Applicants in Foster Care

Complete this section if the person applying for WIC is in foster care. Check either Yes or No to questions 1 and 2. If you answer "Yes" to either question, the only income information needed is the foster placement letter OR the Medicaid letter for the month of scheduled appointment noted below. Bring the letter to your appointment.

1. Does the foster parent have a foster placement letter? Monthly amount received. \$ \_\_\_\_\_ ☐ Yes ☐ No

OR

2. Does the foster applicant receive Medicaid for \_\_\_\_\_?

☐ Yes ☐ No

Month of scheduled appointment

I certify that all information I have provided is correct.

Foster Parent's Printed Name

Foster Parent's Signature

Date

**For WIC Applicants Who Do Not Receive Medicaid, Food Stamps or TANF Benefits, or Who Are Not in Foster Care**

Complete this section if the person applying for WIC does not receive benefits from Medicaid, Food Stamps or TANF or are not in foster care.

- Check either "Yes" or "No" to all the questions below.
- If you answer "Yes" to any of the questions 1–5, bring proof of all sources of income (example: paycheck stubs within 60 days of scheduled appointment) to your WIC appointment.
- If you answer "No" to all the questions below, call the WIC office or ask WIC staff what you need to bring.
- Make sure the information you bring shows your **USUAL gross** monthly household income.

**Section III**

1. Do you work? If "Yes," and if you have more than one job, bring paycheck stubs (dated within 60 days of scheduled appointment) from each job.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does anyone else living with you work? If "Yes," bring paycheck stubs (dated within 60 days of scheduled appointment) from each job.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you or anyone living with you who receives any items listed a – g below? If "Yes," bring proof (dated within 60 days of scheduled appointment).	
a. Supplemental Security Income (SSI) or disability? (If a copy of award letter is needed, call 1-800-772-1213.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Social Security check? (If a copy of award letter is needed, call 1-800-772-1213.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Pensions or retirement check?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Unemployment check?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Workman's compensation check?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Money or financial support from parents, relatives, friends, or any other source on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," is child support: court ordered? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
paid through court? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
paid every month? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Did you or anyone living with you receive other money, <b>not listed above</b> , within the last 12 months? If "Yes," please list here and bring proof of this source of income (e.g. inheritance, lotto winnings).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	
5. Are you or anyone living with you on leave without pay status, reduced pay status or on Family and Medical Leave Act (FMLA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. All the information provided reflects my <b>USUAL gross</b> monthly household income.	<input type="checkbox"/> Yes <input type="checkbox"/> No

By signing this form, I certify that all the information I have provided is correct. I certify that I have informed the WIC staff about **ALL** sources of income received by all members of my household (this includes all persons who reside with me). The information I provided accurately reflects my **USUAL gross** monthly household income. I understand that my household income may be verified with the Texas Workforce Commission.

Applicant's or Parent's/Guardian's Printed Name

Applicant's or Parent's/Guardian's Signature

Date



WIC-35-3

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## WIC Income Questionnaire Guide

Use this guide to assist you in knowing what questions/documents to ask the applicant(s) in response to the answers selected.

<b>Title</b>	<p>Complete this form before going to your WIC appointment. If you do not qualify for Section I or Section II, got to the other side and complete Section III. If you need help completing this form or you do not know what to bring to your appointment, call the WIC office at _____.</p>	<p>Staff shall document the clinic telephone number in the blank provided.</p>
<b>Section I</b>	<p><b>For WIC Applicants with Medicaid, Food Stamps or TANF benefits:</b></p> <p>Complete this section if the person applying for WIC:</p> <ul style="list-style-type: none"> <li>• receives Medicaid, Food Stamps or TANF or</li> <li>• lives in a household where anyone in the household receives TANF or</li> <li>• lives in a household where a pregnant woman or an infant receives Medicaid</li> </ul> <p>Check either Yes or No to answer questions 1 and 2. If the answer is "Yes" to either question, the only income information needed is the Medicaid, Food Stamp or TANF letter for the month noted below. Bring the letter to your appointment.</p>	<p>Staff shall document the month of scheduled appointment in the blank provided in questions number 1 and 2.</p>
	<p>1. Does the person(s) applying for WIC benefits receive Medicaid, Food Stamps or TANF for _____?</p> <p style="text-align: center;">Month of scheduled appointment</p> <p>If "Yes", list all persons' names and the program benefits they receive on the line below (e.g., Tommy - Medicaid).</p> <p>_____</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p>1. If "Yes" response:</p> <ul style="list-style-type: none"> <li>• Verify each applicant is receiving Medicaid, Food Stamps or TANF benefits.</li> <li>• Ask to see the current month's form/letter. Each applicant who receives Medicaid, Food Stamps or TANF benefits shall provide proof. For allowable forms, see WIC-35.</li> <li>• For specifics on Gateway Eligibility, see CS: 08.0.</li> <li>• Ensure the Parent/Guardian prints, signs and dates the end of Section I.</li> </ul> <p>If "No" response, go to number 2.</p>
	<p>2. Does anyone in your household receive TANF or is there a pregnant woman or an infant in the household who receives Medicaid for _____?</p> <p style="text-align: center;">Month of scheduled appointment</p> <p>If "Yes", list all persons' name and the program benefits they receive on the line below (e.g., Maria - TANF).</p> <p>_____</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p>2. If "Yes" response:</p> <ul style="list-style-type: none"> <li>• Verify each applicant's household member(s)'s name and program benefits (Medicaid and/or TANF) being received.</li> <li>• Ask to see the current month's form/letter. For allowable forms, see WIC-35.</li> <li>• For specifics on Gateway Eligibility, see CS: 08.0.</li> <li>• Ensure the Parent/Guardian prints, signs and dates the end of Section I.</li> </ul> <p>If "No" response, go to Section II.</p>
<b>Section II</b>	<p><b>For WIC Applicants In Foster Care</b></p> <p>Complete this section if the person applying for WIC is in foster care. Check either Yes or No to answer questions 1 and 2. If you answer "Yes" to either question, the only income information needed is the foster placement letter OR the Medicaid letter for the month of the scheduled appointment noted below. Bring the letter to your appointment.</p>	
	<p>1. Does the foster parent have a foster placement letter?</p> <p>Monthly amount received. \$ _____</p> <p style="text-align: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>OR</p>	<p>1. If "Yes" response, ask to see the foster placement letter. If no income is documented on the letter, ask the foster parent how much he/she receives to care for the foster applicant and document that amount on the WIC-35. Ensure the Foster Parent prints, signs and dates the end of Section II.</p> <p>If "No" response, go to number 2.</p>
	<p>2. Does the foster applicant receive Medicaid for _____?</p> <p style="text-align: center;">Month of scheduled appointment</p> <p style="text-align: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p>2. If "Yes" response, ask to see the foster applicant's current month's Medicaid form/letter. For allowable forms, see WIC-35. Ensure the Foster Parent prints, signs and dates the end of Section II.</p> <p>If "No" response, go to Section III.</p>

**For WIC Applicants Who Do Not Receive Medicaid, Food Stamps or TANF Benefits or Who Are Not In Foster Care**

Complete this section if the person applying for WIC does not receive benefits from Medicaid, Food Stamps or TANF or are not in foster care.

- Check either Yes or No to all the questions below.
- If you answer "Yes" to any questions 1 – 5, bring proof of all sources of income (example: paycheck stubs within 60 days of scheduled appointment) to your WIC appointment.
- If you answer "No" to all the questions below, call the WIC office to find out what you need to bring.
- Make sure the information you bring shows your **USUAL gross monthly household income**.

<p>1. Do you work? If yes, and you have more than one job, bring paycheck stubs from each job that are dated within 60 days of scheduled appointment.</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If "Yes" response:</p> <ul style="list-style-type: none"> <li>• inquire how many jobs the applicant has and</li> <li>• obtain paycheck stubs dated within 60 days of scheduled appointment with usual gross income for each job.</li> <li>• For specifics on income, see CS: 07.0.</li> </ul> <p>If "No" response, go to number 2.</p>
<p>2. Does anyone else living with you work? If yes, bring paycheck stubs from each job that are dated within 60 days of scheduled appointment.</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If "Yes" response:</p> <ul style="list-style-type: none"> <li>• inquire if other household members have jobs and how many and</li> <li>• obtain paycheck stubs dated within 60 days of scheduled appointment with usual gross income for each household member that works and per each job.</li> <li>• For specifics on income, see CS: 07.0.</li> </ul> <p>If "No" response, go to number 3.</p>
<p>3. Do you or anyone living with you receive any items listed a – g below? (If "Yes", bring proof dated within 60 days of the scheduled appointment.)</p>	<p>If "Yes" response to any of the questions below, collect proof of income dated within 60 days of scheduled appointment. Documentation that changes only once per year, e.g. Social Security award letters, may be accepted the entire year the letter covers as long as it reflects current gross income. For specifics on income, see CS: 07.0.</p> <p>If "No" response, go to the next question.</p>
<p>a. Supplemental Security Income (SSI)/disability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If "Yes" response, staff shall request the original check or a copy, dated within 60 days of scheduled appointment or an award letter within the current year as long as the letter reflects current gross income. (for SSA award letter call 1-800-772-1213)</p>
<p>b. Social Security check? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If "Yes" response, staff shall request the original check or a copy, dated within 60 days of scheduled appointment or an award letter within the current year as long as the letter reflects current gross income. (for SSA award letter call 1-800-772-1213)</p>
<p>c. Pensions/retirement check? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If "Yes" response, staff shall request the original check or a copy, dated within 60 days of scheduled appointment or an award letter within the current year as long as the letter reflects current gross income.</p>
<p>d. Unemployment check? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If "Yes" response, staff shall request the original check or a copy, dated within 60 days of scheduled appointment or an award letter within the current year as long as the letter reflects current gross income.</p>
<p>e. Workman's compensation check? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If "Yes" response, staff shall request the check or a copy within 60 days of scheduled appointment that reflects current gross income.</p>
<p>f. Money or financial support from parents, relatives, friends, or any other source on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If "Yes" response, WIC-19a Section I shall be completed from the financial supporter and accepted if dated within 60 days of scheduled appointment.</p>
<p>g. Child support? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, is child support: Court Ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">Paid through the Court? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">Paid every month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If "Yes" response to one or more questions, obtain documentation within 60 days of scheduled appointment or the court order, as long as it reflect current dollar amount.</p> <p>If "Yes" response to "Child Support" and "No" response to questions below:</p> <ul style="list-style-type: none"> <li>• determine how much and how often child support is paid</li> <li>• determine if child support was paid in the last 60 days of scheduled appt.</li> <li>• If documentation does not exist, have applicant/parent write and date a statement of how much child support has been provided monthly or in the last 12 months. This information is needed to determine true income.</li> </ul> <p>If "No" response to all of the questions, go to number 4.</p>
<p>4. Do you or anyone living with you receive other money, not listed above, within the last 12 months? If yes, please list here and bring proof of this source of income (e.g. inheritance, lotto winnings).</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If "Yes" response, staff shall request documentation dated within the past 12 months of scheduled appointment. Take total of "new money" divide by 12 and add this amount to monthly income. For specifics on the definition of income, see CS: 09.0.</p> <p>If "No" response, go to number 5.</p>
<p>5. Are you or anyone living with you on leave without pay status, reduced pay status or on Family and Medical Leave Act (FMLA)?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If "Yes" response:</p> <ul style="list-style-type: none"> <li>• request appropriate information using CS:07.0.</li> <li>• use the information when calculating monthly income.</li> </ul> <p>If "No" response, go to question number 6.</p>
<p>6. All the information provided reflects my <b>USUAL gross monthly household income</b>. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If "Yes" response, go to signature box and ensure applicant/parent prints, signs and dates the form.</p> <p>If "No" response, ask applicant how food is obtained and bills are paid. Additional information is needed until "Yes" response can be indicated. Go to signature box and ensure applicant/parent prints, signs and dates the form.</p>